

anxiously sought. “Save the rainforests,” it was said, “and we save ourselves” (p. 138). Voeks argues, however, that this modern version of the “jungle medicine narrative” rests on several misconceptions. The deep forest itself yielded few plants of medicinal value: most came instead from the humanized landscapes of abandoned swidden plots, homestead gardens, and the margins of cultivated land. Even the Madagascan periwinkle, a cancer cure that became “the posterchild for tropical rainforest preservation efforts” (p. 137), was a wayside weed, not a denizen of the deep jungle. Although it is assumed that indigenes acquired their rich medicinal plant lore over countless generations, in reality it was often more recent arrivals—like the slaves and ex-slaves of Suriname and Brazil—who brought healing plants from Africa or identified in the Americas plants with properties akin to those left behind in Africa that could be enlisted for similar medicinal and ritual purposes. Rather than local plant knowledge becoming extinct, Voeks shows that it still exists among communities that have an active need for it.

This is a wide-ranging book with a challenging thesis that, at the risk of homogenizing vastly different tropical ecologies and historical experiences, succeeds in debunking a powerful tropical myth and in foregrounding the vitality and versatility of local plant epistemologies. In attacking the “jungle” myth Voeks is not (perhaps regrettably) making an argument for or against rainforests, only reasoning that their defense cannot be based on misconceptions that still bear the imprint of ancient fantasies. Voeks encourages critical thinking about what is all too commonly represented as “pristine nature” and about the way in which self-serving myths obscure the pursuit of objective science. “Like other environmental narratives, it [the jungle medical narrative] sought to translate complex science and social science into a comprehensible story” (p. x). And yet, bizarre and unpalatable though we may find mythic misconceptions and flawed science, environmental myths as much as “complex science” still need to be recognized, and to a greater degree than Voeks seems willing to accept, as meaningful historical actors and shapers of historical destinies.

David Arnold

David Arnold, Emeritus Professor of History at the University of Warwick, has written extensively on the environmental, medical, and scientific history of modern India. His books include Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India (California, 1993), The Tropics and the Traveling Gaze: India, Landscape, and Science, 1800–1856 (Washington, 2006), and Toxic Histories: Poison and Pollution in Modern India (Cambridge, 2016).

Antiquity

C. Pierce Salguero (Editor). *Buddhism and Medicine: An Anthology of Premodern Sources*. xxi + 689 pp., figs., bibl., index. New York: Columbia University Press, 2017. \$150 (cloth). ISBN 9780231179942.

The Buddha taught for forty years, during the second half of the fifth century B.C.E. Throughout his teaching, he repeatedly used medical metaphors as a mode of communicating his thought, to the extent that in later centuries he was referred to as the Medicine Teacher (Sanskrit: Bhaiṣajyaguru). As his listeners began to leave their homes and adopt the ascetic life that he preached, the Buddha recognized that they needed to learn how to support each other now that they had left their families and the domestic support of normal social life. His teachings for the monks often concerned medical matters, and a nascent form of the classical medicine of later India, Ayurveda, is visible in the Buddha’s medical terminology. His sermons were recorded and transmitted over the millennia in remarkably robust condition as a large corpus of literature in the Pali language. With the spread of Buddhist culture from South Asia to Central Asia, Tibet, China, Japan, and the whole of East and South East Asia, old Buddhist teachings were translated and new

ones composed in a multitude of languages. Buddhist medical concepts and therapies spread across the whole of Asia.

The story of this vast medical transmission has never been told in a global fashion, partly because it is so demanding linguistically. Sinologists have written about the Chinese Buddhist medical literature, Tibetologists have studied the Tibetan traditions, and so on. Surprisingly few people have studied the original Pali sources themselves from a medical point of view. When Kenneth Zysk explored the medicine of the Pali Canon in *Asceticism and Healing: Medicine in the Buddhist Monastery* (Oxford, 1991), his work created a revolution in thinking about the earliest history of medicine in South Asia. But that work has been followed up only by limited further explorations of early Buddhist and Jain medicine in India. With the publication of the present volume, the dam has burst. A flood of new material is now available on Buddhist medicine from sources in Pali, Sanskrit, Tibetan, Mongolian, Chinese, Korean, Japanese, Vietnamese, and Cambodian and from all the regions associated with these languages.

Buddhism and Medicine contains sixty-two chapters in seven large thematic sections and includes contributions by some of the most eminent language and subject specialists of the contemporary academy. Each chapter follows the same pattern: an introductory essay that contextualizes the chosen text, suggested further readings, and then the translation and notes. The scholarship is generally impeccable and reliable, and the citations are clear and invoke the most trustworthy secondary literature. The book is completed by a glossary, a comprehensive bibliography, and an index.

The section on doctrinal considerations offers selections from the Pali and Sanskrit Buddhist classics on subjects ranging from fetal suffering (Amy Paris Langenberg) to Jīvaka's invitation to the Buddha and his congregation to visit the bathhouse in order to clean themselves and cure any illnesses they might have (C. Pierce Salguero). The section on healing and monastic discipline includes an ancient passage that criticizes "medical practice as wrong livelihood" for a Buddhist and other passages giving the oldest medical case histories in Asia (both by David Fiordalis), a discussion of food and medicine in the Chinese Vinayas (J. E. E. Pettit), and an essay on Yijing's seventh-century account of health care in Indian monasteries (Christoph Kleine). The section on Buddhist healers includes chapters on the Buddha's past life as a snakebite doctor (Michael Slouber), a Buddhist account of the training of an Indian doctor (Gregory Schopen), healing narratives from Chinese, Korean, and Japanese sources (Salguero and colleagues), and an account of twelfth-century hospitals in Cambodia (Peter D. Sharrock and Claude Jacques). In the large section on healing rites we read a Sanskrit treatise on help for the sick, dying, and misbegotten (Schopen), as well as considerations of early Tantric medicine (Slouber), childbirth in early Japan (Anna Andreeva), and a Pali protective and therapeutic text from about 1500 C.E. that is used all over Thailand, Sri Lanka, and Burma (Justin Thomas McDaniel). The section on meditation includes readings on the healing power of meditation (Salguero and others) as well as on maladies caused by meditation (Eric M. Greene, Juhn Ahn, and others) and on Tantric meditation for longevity (Matthew T. Kapstein). The section on hybridity in Buddhist healing offers Chinese healing mnemonics (Marta E. Hanson), Korean advice on health, diet, and sex (Don Baker and Hyunsook Lee), and a Japanese text on moxibustion for demons (Andrew Macomber). The last section, on Buddhism and the medical traditions, offers Sun Simiao's Chinese presentations of Indian massage (Michael Stanley-Baker) and of medical ethics (Nathan Sivin), Indian ophthalmic surgery as received in China (Katja Triplett), Tibetan teachings on the use of jewels in medicine (Barbara Gerke and Florian Ploberger), and Buddhist medical tracts from Japan, Vietnam, and Burma (in separate essays by Andrew Edmond Goble, C. Michele Thompson, Leslie E. de Vries, and Pyi Phy Kyaw). Even this long catalogue of fascinating materials refers to less than half the content of the volume.

This book manages to be both a major contribution to research scholarship and a wonderful textbook. Almost all the translations are presented here for the first time, making this compendium an important source for comparative studies and discovery in the history of medicine. At the same time, the writing is clear and direct, which makes it invaluable as a classroom resource. I have used the volume for two semesters in my history of medicine courses, and the students respond very well to the materials, all finding something that fascinates them and stimulates their essay writing.

If there is one lacuna in the volume, it is the Buddhist medical traditions preserved in Nepal. There are Nepalese Sanskrit treatises against snakebite, for example, as well as propitiatory Nepalese Buddhist medical invocations, that would have deserved inclusion in this volume. The book is beautifully edited, designed, and printed and is also available through university libraries as an ebook. This is a remarkably rich collection of materials for the history of medicine and of Buddhism. It will reward researchers and students for many decades to come.

Dominik Wujastyk

Dominik Wujastyk holds the Singhmar Chair in Classical Indian Society and Polity in the Department of History and Classics, University of Alberta. He specializes in Sanskrit and Pali studies, and he has also held appointments at the Wellcome Centre for the History of Medicine at University College London and the University of Vienna.

John Z. Wee (Editor). *The Comparable Body: Analogy and Metaphor in Ancient Mesopotamian, Egyptian, and Greco-Roman Medicine*. (Studies in Ancient Medicine, 49.) xix + 437 pp., figs., tables, index. Leiden/Boston: Brill, 2017. €138 (cloth). ISBN 9789004356764.

Papers presented at a symposium, “Body and Metaphor in Ancient Medicine,” held at the Oriental Institute of the University of Chicago (1–3 May 2014), have been reworked as the basis of this book. The contributing authors—a group of historians researching the theory and practice of medicine in several regions of the ancient world—represent a wide range and diversity of expertise. The main aim, however, was not to consider the cultural transmission of ideas across different ancient cultures. Instead, each chapter focuses on case studies within a particular local and cultural context. Nevertheless, an interdisciplinary approach has been adopted for issues and strategies relating to common problems encountered in dealing with this type of material; and where some medical and biological themes recur in culturally diverse societies, this has been recognized by grouping particular chapters together.

The main focus of *The Comparable Body* is to show how metaphors and analogies provide researchers with important insights into medical theory and practice in ancient societies. Basic conceptual metaphors, derived from universal human experience, are cross-cultural, but within each broad category particular metaphors have evolved within specific societies. One example: the womb is universally recognized within the generic concept that “the body is a container,” but it is likened to a “bread oven” in Greek medicine and to a “pottery oven” in Mesopotamian literature.

The use of metaphors and analogies not only enhances our understanding of ancient medical knowledge about anatomy and physiology but can provide clues regarding the formulation of therapies, demonstrating links between bodily processes and treatments. Although a systematic exploration of metaphor theory was never the intention of the symposium or the book, an extensive bibliography directs interested readers to relevant resources.

The introduction by the editor, John Z. Wee, sets out the background and provides a synopsis of the contents of each of the eleven chapters. Chapter 1, by Rune Nyord, develops a conceptual framework for studying metaphor and analogy in ancient medicine and then considers an ancient Egyptian medical text relating to a case study of heat within the body. Discussions dealing with Mesopotamian medicine start with Chapter 2: this contribution, by M. Erica Couto-Ferreira, focuses on a list of terms developed for use in some scribal schools. Its wide range of terms relating to the human body was organized and listed from the head downward.

In Chapter 3 J. Cale Johnson argues that Babylonian physicians, adopting a new approach, used conceptual metaphors embedded in incantations to represent disease causation (etiology). Instead of attributing unseen processes within the human body to supernatural causal agents, they described disease in terms of landscape and atmospheric conditions. For example, metaphorical comparisons are drawn between